

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
PROGRAM EVALUATION
2004 Infection Control and Laboratory Update**
ASNA NO: 5-91.123 ABN PROVIDER NUMBER: ABNPO387 DATE: August 11, 2004

Name: _____ SSN: _____

Please check one: ☐ Nurse ☐ Social Worker ☐ Nutritionist ☐ Other _____

Address: _____ City: _____ State: _____ Zip: _____ Email: _____

Fax: _____ Phone: _____

Shade in the circle under the number you think best evaluates this educational offering: 5 - Very useful 4 - Slightly useful 3 - Average 2 - Not useful 1 - Unacceptable

Teaching effectiveness of presenter(s):

	5	4	3	2	1
Charlotte Denton, RN, BSN, CIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jodi Jackson, BS, MT (ASCP), MHA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Course Content Objectives:

1. Define the term "bloodborne pathogens" and name three pathogens of concern to health care workers.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. List four of the components of the OSHA Bloodborne Pathogens Standard.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Discuss the importance of standard precautions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. State the importance of the Needlestick Safety & Prevention Act.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Define respiratory hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Review problems found during onsite laboratory visits to county health departments.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Give an overview of the Laboratory Information System.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Review the required information on laboratory forms.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Review specimen requirements, packaging and shipping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List one thing you will do differently as a result of this training: _____

Other education programs you would be interested in attending: _____

I attest that I viewed at least 85% of this program: Participant's Signature: _____ Date viewed: _____

☐ **No CEU's Requested**, mail completed form to: Alabama Department of Public Health; Office of Professional and Support Services, Attention: Training Coordinator;
PO Box 303017, Suite 1010; Montgomery, Alabama 36130-3017.

NOTE: IF CEU'S ARE REQUESTED: Within 3 working days, fax (334-206-5640) or mail completed form to: Alabama Department of Public Health; Video Communications,
PO Box 303017, Suite 940; Montgomery, Alabama 36130-3017.

Out of state participants include \$20 per person (check payable to: Alabama Department of Public Health).

☐ Check included ☐ Check will follow ☐ Please invoice **Certificate will not be provided until we receive evaluation form.** IRS Tax ID No. 63-1106545